

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594164

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2						
3	2		1			
4	2		1			
5	2		1			
6	1		1			
7	1		1			
8	1		1			
9						
10	2		1			
11	2		1			
12	2		1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	14	←	14	←	←	
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←